

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 566 853

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9	2		2					59					
10	2		2					60					
11	3		2					61					
12	1		1					62					
13	1		1					63					
14	1		1					64					
15	3		1					65					
16	3		1					66					
17	3		1					67					
18	3		1					68					
19	3		0					69					
20	3		0					70					
21					4			71					
22	4		4					72					
23	1		1					73					
24	4		1					74					
25	4		1					75					
26	1		2					76					
27	1		1					77					
28	1		1					78					
29	1		1					79					
30	1		1					80					
31	1		1					81					
32	2		2					82					
33	2		2					83					
34	2		2					84					
35	2		2					85					
36	2		2					86					
37	1		2					87					
38	1		2					88					
39	1		2					89					
40	1		2					90					
41					2			91					
42					2			92					
43					2			93					
44					2			94					
45					2			95					
46					2			96					
47					2			97					
48					2			98					
49					2			99					
50					2			100					
TOTAL IND.	2		2					TOTAL IND.					
TOTAL DEP.	70	←	61	←					↓				↓
TOTAL CLAIMS	72		63					TOTAL DEP.					←
								TOTAL CLAIMS					←